amend OgAN

### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

date of leaving office.

the date of leaving office.

Election Year: \_\_\_

Candidate

-or-O The period covered is \_\_\_\_/\_\_\_, through

#### STATEMENT OF ECONOMIC INTERESTS

RECEIVE APR 29 2010

COVER PAGE

BY: - A Public Document Please type or print in ink. NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER Calderon Charles MAILING ADDRESS STREET CITY STATE .55 ZIP CODE (Business Address Acceptable) 1. Office, Agency, or Court 4. Schedule Summary Name of Office, Agency, or Court: Total number of pages including this cover page: CA State Assembly Division, Board, District, if applicable: ► Check applicable schedules or "No reportable interests. I have disclosed interests on one or more of the Your Position: attached schedules: Assembly Member Schedule A-1 Yes - schedule attached ► If filing for multiple positions, list additional agency(ies)/ Investments (Less than 10% Ownership) position(s): (Attach a separate sheet if necessary.) Agency: Investments (10% or Greater Ownership) Schedule B Yes - schedule attached Real Property ☐ Yes – schedule attached Schedule C Income, Loans, & Business Positions (Income Other than Gifts 2. Jurisdiction of Office (Check at least one box) and Travel Payments) ☐ State X Yes - schedule attached Schedule D County of \_\_\_\_\_ Income - Gifts Schedule E ☐ Yes – schedule attached Income - Gifts - Travel Payments Multi-County \_\_\_\_\_ -Or-No reportable interests on any schedule 3. Type of Statement (Check at least one box) Assuming Office/Initial Date: \_\_\_\_/\_\_\_ 5. Verification Annual: The period covered is January 1, 2009, I have used all reasonable difigence in preparing this through December 31, 2009. statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any O The period covered is \_\_\_\_/\_\_\_, through attached schedules is true and complete. December 31, 2009. I certify under penalty of perjury under the laws of the State Leaving Office Date Left: of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2009, through the

Date Signed.

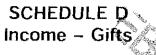
Signatur.

filing official.)

4-28-2010

(month day, year)





## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Charles M. Calderon

| NAME OF SQURCE   |  | NAME OF SOURCE    | Ę                |  |
|--|--|-------------------|------------------|--|
| Bass for Assembly  |  |                   |                  |  |
| ADDRESS (Business Address Acceptable)                    |  | ADDRESS (Busines  | es Address Accep | xable)   |
| 777 S. Figueroa St. Suite 4500                           | Los Angeles, CA  |                   |                  |  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                     |  | BUSINESS ACTIVIT  | TY, IF ANY, OF S | OURCE  |
| Committee  |  |                   |                  |  |
| DATE (mm/dd/yy) VALUE E                                  | DESCRIPTION OF GIFT(S)   | DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S  |
| 01,08,09 \$ 72.51  | Jacket   |                   | \$               | eren eren gehaus man sehre de samt er eren s |
| 01,08,09 \$ 3.98   | Breakfast  |                   | \$               |  |
| 01,08,09 3 3.98  | unch   |                   | \$               | ***************************************  |
| NAME OF SOURCE   | ·····  | ► NAME OF SOURCE  | _                |  |
| Bass for Assembly  ADDRESS (Business Address Acceptable) | **************************************                                 | ADDRESS (Busines  | s Address Accen  | taive)   |
| 777 S. Figueroa St. Suite 4500                           | Los Angeles CA   |                   |                  |  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                     |  | BUSINESS ACTIVIT  | Y. IF ANY, OF S  | OURĆE  |
| Committee  |  |                   | .,               | •  |
|  | ESCRIPTION OF GIFT(S)  | DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S  |
| 01,09,09 s 3.99 E  | 3reakfast  |                   | \$               |  |
|  |  |                   | \$               |  |
|  | 22 <b>3</b> -7-18 <b>28</b> -2-1-1-10-10-10-10-10-10-10-10-10-10-10-10 |                   | \$               |  |
| NAME OF SOURCE   |  | ► NAME OF SOURCE  | ~                |  |
| ADDRESS (Business Address Acceptable)                    |  | ADDRESS (Business | s Address Accept | able)  |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE                     | í.   | BUSINESS ACTIVIT  | Y, IF ANY, OF SC | DURCE  |
| DATE (mm/dd/yy) VALUE DI                                 | ESCRIPTION OF GIFT(S)  | DATE (mm/dd/yy)   | VALUE            | DESCRIPTION OF GIFT(S)   |
| \$   | 999°   |                   | \$               |  |
|  |  |                   | \$               |  |
|  |  |                   |                  |  |

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

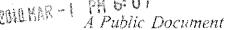
## STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

(MIDDLE)

ZIP CODE

M.





DAYTIME TELEPHONE NUMBER

OPTIONAL: E-MAIL ADDRESS

Please type or print in ink.

| NAME (LAST)   | (FIRST)  |
|---|--|
| Calderon  | Charles  |
| MAILING AODRESS STREET<br>(Business Address Acceptable)                 | CITY   |
|   |  |
|   |  |
| 1. Office, Agency, or Cou   | rt   |
| Name of Office, Agency, or Court:                                       | · · · · · · · · · · · · · · · · · · ·  |
|   | The same the same and the same  |
| Division, Board, District, if applicat                                  | ole;   |
| Your Position:  | PRA N.S. Additional parties of the state of  |
| Assembly Member   |  |
| ➤ If filing for multiple positions, its position(s): (Attach a separate | t additional agency(les)/<br>e sheet if necessary.)  |
| Agency:   |  |
| Position:   |  |
|   | Porth observation in the research of the contract and the |
| 2. Jurisdiction of Office   | Check at least one box)  |
| <b>▼</b> State  | r  |
| County of   | gag* / minusus#M/MMMAhuss#Ferrerapasusus#Mhhammis#_Mhmaresasusus   |
| City of   | Terrorran and the control of the con |
| ☐ Multi-County  | ***************************************  |
| C) Other  | 1888/14 1988/897 <sup>188</sup> 1888/ <sup>2</sup> - 2011 <b>88</b> 7 - 227 1988 <b>9</b> 7 - 227 1989   |
| - 1884-жен жен жана жана жана жана жана жана жа                         |  |
| 3. Type of Statement (ch  | eck at least one box)  |
| ☐ Assuming Office/Initial De  | ate://   |
| Annual: The period covered is through December 31, 2009.                | 3 January 1, 2009,   |
| -or-  |  |
| O The period covered is<br>December 31, 2009.                           | J, through   |
| Leaving Office Date Left;(Check one)                                    | A Company of the Comp |
| O The period covered is Janu-<br>date of leaving office.                | ary 1, 2009, through the   |
| <b>-0</b> 1-  |  |
| O The period covered is   | Z, through   |

the date of leaving office

Election Year: .

↑ Candidate

| A CONTRACTOR OF THE PROPERTY O |  |  |
|--|--|--|
| 4. Schedule Summary  |  |  |
| <ul> <li>Total number of pages<br/>including this cover page:</li> </ul>   |  |  |
| Check applicable schedules or "No reportable interests."   |  |  |
| I have disclosed interests on one or more of the<br>attached schedules:  |  |  |
| Schedule A-1   |  |  |
| Schedule A-2.  |  |  |
| Schedule B   |  |  |
| Schedule C 🔀 Yes – schedule attached<br>Income, Loans, & Business Positions Lincome Other than Gifts<br>and Travel Payments)   |  |  |
| Schedule D X Yes – schedule attached Income – Gifts  |  |  |
| Schedule E Yes - schedule attached Income - Gifts - Travel Payments  |  |  |
| -Or-   |  |  |
| No reportable interests on any schedule  |  |  |

#### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Date Signed | 02/22/2010         |               |
|-------------|--------------------|---------------|
| Date 2.8ued | (month, day, year) |               |
|             | *                  | w.**          |
| Signature . |                    | and official) |

FPPC Form 700 (2009/2010)

## SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
|---|
| Name  |
| Charles M. Calderon                                     |

| 1. INCOME RECEIVED   | ► 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME   | NAME OF SOURCE OF INCOME   |
| So. CA Edison  |  |
| ADDRESS (Business Address Acceptable)  | ADORESS (Business Address Acceptable)                              |
| 2244 Walnut Grove Ave., Rosemead, CA   |  |
| BUSINESS ACTIVITY, IE ANY, OF SOURCE   | BUSINESS ACTIVITY, IF ANY, OF SOURCE                               |
| Public Utility Company   |  |
| YOUR BUSINESS POSITION   | YOUR BUSINESS POSITION   |
| Corporation Representative   |  |
| GROSS INCOME RECEIVE!>   | GROSS INCOME RECEIVED  |
| S500 - \$1,000 S1,001 - \$10,000   | ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000                             |
| ▼ \$10,001 - \$100,000 □ OVER \$100,000  | ☐ \$10,001 - \$100,000 ☐ OVER \$100,000                            |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED  | CONSIDERATION FOR WHICH INCOME WAS RECEIVED                        |
| Salary Spouse's or registered domestic partner's income  | Salary Spouse's or registered domestic partner's income            |
| Liran repayment  | Loan repayment   |
| Sale of  | Sale of  |
|  | (Property car, boat etc.)  |
| Commission or Rental Income, list each sturce of \$10,000 or more  | Commission or Rental Income, list early source of \$10,000 or more |
|  |  |
| TT Other   | [T] Other  |
| Other (Destribe)   | Other (Dascribe)   |
| and the second s |  |
| 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  | IOD  |
|  | lending institutions, or any indebtedness created as part          |
| of a retail installment or credit card transaction, made   |  |
| available to members of the public without regard to not in a lender's regular course of business must be  | your official status. Personal loans and loans received            |
| •  |  |
| NAME OF LENDER*  | INTEREST RATE TERM (Months/Years)                                  |
| ADDRESS (Business Address Acceptable)  | % Попе   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | SECURITY FOR LOAN  |
| BUSINESS ACTIVITY, IF ANY, OF LENDER   | None Personal residence  |
|  |  |
| HIGHEST BALANCE DURING REPORTING PERIOD  | Real Property Simel address  |
| \$599 - \$1,000  | 0.   |
| T 51.001 - \$10.000  | City   |
| [] \$10,601 - \$100,000  | Guarantor  |
| ☐ OVER \$180 000   | □ Other  |
|  | Other  |
|  |  |
|  |  |
| Comments:  |  |

## SCHEDULE D Income - Gifts



Charles M. Calderon

| ► NAME OF SOURCE                            |   | ➤ NAME OF SOURC                         | E                                       |  |
|---|---|---|---|--|
| California Democratic Party                 | 1                                       | Entertainmen                            | t Software Ass                          | sociation                              |
| ADDRESS (Business Address Accepta           | ble)                                    | ADDRESS (Busine                         | ss Address Accepta                      | ble)                                   |
| 1401 21st Street, Suite 200                 | Sacramento, CA                          | 575 7th NW,                             | Suite 500 Was                           | hington, DC                            |
| BUSINESS ACTIVITY, IF ANY, OF SOI           | JRCE                                    | BUSINESS ACTIVI                         | TY, IF ANY, OF SOL                      | JRCE                                   |
| Political Party                             |   | Software Ass                            | ociation                                |  |
| DATE (mm/dd/yy) VALUE                       | DESCRIPTION OF GIFT(S)                  | DAT& (mm/gid/yy)                        | VALUE                                   | DESCRIPTION OF GIFT(S)                 |
| 01,08,09 \$ 73.26                           | Dinner                                  | 09,01,09                                | s <u>162.74</u>                         | Dinner                                 |
|   |   | .                                       | \$                                      | - Ann                                  |
| \$  |   | . ]                                     | \$                                      |  |
| ► NAME OF SOURCE                            |   | ► NAME OF SOURCE                        | ***<br>****<br>***                      |  |
| CA Building Industry Associ                 |   | Bass for Asse                           |   |  |
| ADDRESS (Business Address Acceptate         |   | ADORESS (Busines                        | •                                       |  |
| 1215 K Street, Suite 1200, 8                |   | *************************************** | ······································  | 50 Los Angeles, CA                     |
| BUSINESS ACTIVITY, IF ANY, OF SOL           | IRCE                                    | BUSINESS ACTIVIT                        | Y, IF ANY, OF SOU                       | IRCE                                   |
| Building Association  DATE (mm/dd/yy) VALUE |   | Committee                               | *************************************** | ************************************** |
| DATE (mm/dd/yy) VALUE                       | DESCRIPTION OF GIFT(S)                  | DATE (mm/dd/yy)                         | VALUE                                   | DESCRIPTION OF GIFT(S)                 |
| 04,15,09 \$ 93.75                           | Dinner                                  | 01 , 08 , 09                            | s72.51                                  | Jacket                                 |
|   | 44444                                   | 01,08,09                                | §11.95                                  | Breakfast and Lunch                    |
|   |   | 01,09,09                                | <b>2</b>                                |  |
| NAME OF SOURCE                              | , | ► NAME OF SOURCE                        |   |  |
| The Walt Disney Co.                         |   |   |   |  |
| ADDRESS (Business Address Acceptab          | ve)                                     | ADDRESS (Business                       | Address Acceptabl                       | le)                                    |
| 500 S. Buena Vista, Burbani                 | K, CA                                   |   |   |  |
| BUSINESS ACTIVITY, IF ANY, OF SOU           | RCE                                     | BUSINESS ACTIVITY                       | Y, IF ANY, OF SOUR                      | RCE                                    |
| Amusement Park                              |   |   |   |  |
| DATE (mm/dd/yy) VALUE                       | DESCRIPTION OF GIFT(S)                  | DATE (mm/dd/yy)                         | VALUE                                   | DESCRIPTION OF GIFT(S)                 |
| 04_/24_/09                                  | 3 tickets                               |   | \$                                      | MANAGE                                 |
| \$  |   |   | \$                                      |  |
|   |   |   | \$                                      |  |
| Comments;                                   |   | , , , , , , , , , , , , , , , , , , ,   |   |  |

# SCHEDULE D Income - Gifts

Charles M. Calderon

| h will Al course   |   |
|--|---|
| ➤ NAME OF SOURCE   | NAME OF SOURCE  |
| AODRESS (Business Acceptable)  | Ronald S. Calderon for Senate 2010                                      |
|  | ADDRESS /Business Address Acceptable)                                   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE   | 728 W. Edna Place, Covina, CA 91722  BUSINESS ACTIVITY IF ANY OF SOURCE |
|  | Committee   |
| DATE (mm/ddfyy) VALUE DESCRIPTION OF GIPTIS)   | DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)                            |
|  |   |
|  | 12/, 21 , 09  |
| <u> </u>   |   |
|  | \$  |
| 1_1_1_   |   |
| Make any of the state of the st |   |
| NAME OF SOURCE   | NAME OF SOURCE  |
| Pricewaterhouse Coopers  ADDRESS (Business Address Acceptable)   | NationWide ACORESS (Business Address Acceptable)                        |
| 1415 L Street, #1200, Sacramento, CA 95814   | One Nationwide Plaza, 1-34, Columbus, OH                                |
| RUSINESS ACTIVITY, IF ANY, OF SOURCE   | BUSINESS ACTIVITY, IF ANY, OF SOURCE                                    |
|  |   |
| DATE (min/ddfyy) VALUE DESCRIPTION OF GIFTLS:  | DATE (mim/dd/yy) VALUE DESCRIPTION OF GIFT(S)                           |
| 11,09,09 5 53.80 Food & beverage   | 10,02,09 , 50.00 Beverages  |
|  | \$  |
|  | <u> </u>  |
| ► NAME OF SOURCE   | NAME OF SOURCE  |
| CA Correctional Peace Officers Assoc.  |   |
| ADDRESS (Business Address Acceptaine)  | ADDRESS (Business Address Acceptable)                                   |
| 1415 L Street, #410, Sacramento, CA 95814  |   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE   | BUSINESS ACTIVITY, IF ANY, OF SOURCE                                    |
| DATE (mm/dd/yg) VALUE DESCRIPTION OF GIFT(S)   | DATE (HIM/GG/yy) VALUE DESCRIPTION OF GIFT(S)                           |
| 11 , 17 , 09 s 139,27 Dinner   |   |
|  |   |
|  |   |
|  |   |
| Comments:  |   |
| The state of the s |   |
| ••• ••   |   |